This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:						
-	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>						
·	ems (Short Form)	0/04/00	For additional information, contact the U.S. Copyright							
	uctions are located of this workbook	8/24/23	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150						
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))							
	2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31							
		Barcode Data Filing Period (optional	- see instructions)							
Accounting Period										
В	Instructions: Give the full legal name of the owner of t title of the subsidiary, not that of the pare		sidiary of another corporation, give the full o	corporate						
Owner	List any other name or names under whic	h the owner conducts the business of	the cable system.							
	If there were different owners during the single statement of account and royalty f		the last day of the accounting period should ting period.	d submit a						
	Check here if this is the system's first filin	g. If not, enter the system's ID number	r assigned by the Licensing Division.	35347						
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	I							
	Lincolnville Communications, Inc.									
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Т)							
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM								
	PO Box 179 (Number, street, rural route, apartment, or suite n	umber)								
	Nobleboro, ME 04555-0179 (City, town, state, zip)									
С	<b>INSTRUCTIONS:</b> In line 1, give any busi names already appear in space B. In line	ness or trade names used to ide	entify the business and operation of t	he system unless these						
System	IDENTIFICATION OF CABLE SYSTEM:									
	1									
	MAILING ADDRESS OF CABLE SYSTEM	:								
	2 (Number, street, rural route, apartment, or suite n	umber)								
	(City, town, state, zip code)									
	(org, com, outo, zip oodo)									
Privacy Act Notic	ce: Section 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect th	ne personally identifying information (PII) reque	ested on this						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Lincolnville Communications, Inc.	353
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Linconville	ME
Community	Alna	ME
	Appleton	ME
d Rows as Necessary	Bremen	ME
	Bristol	ME
	Damariscotta	ME
	Boothbay Harbor	ME
	East Boothbay	ME
	Edgecomb	ME
	Норе	ME
	Jefferson	ME
	Newcastle	ME
	Newcastie	ME
	Searsmont	ME
	South Bristol	ME
	Union	ME
	Walpole	ME
	Waldoboro	ME
	Rockland	ME
	Belfast	ME
	Camden	ME
	Northport	ME
	Bath	ME

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						SYS'	2E. PAGE						
Name	Lincolnville Communic						3534								
Е	SECONDARY TRANSMISSION	service of	the cable												
-	<b>In General:</b> The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information														
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the														
Transmission	last day of the accounting period														
Service: Sub- scribers and	Number of Subscribers: Bot	•													
Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged														
	separately for the particular serv		-	•••		•		5							
	Rate: Give the standard rate of	-	-					-							
	unit in which it is generally billed category, but do not include disc				iny standa	rd rate variation	s within a	particular rate							
	Block 1: In the left-hand block				ries of sec	ondary transmis	ssion servi	ce that cable							
	systems most commonly provide			-											
	that applies to your system. Not			-		-									
	categories, that person or entity subscriber who pays extra for ca						•								
	first set" and would be counted of						idel Selvi								
	Block 2: If your cable system					service that are	e different f	rom those							
	printed in block 1 (for example, t														
	with the number of subscribers a sufficient.	and rates, in the	e right-	hand block. A t	wo- or thre	e-word descript	ion of the	service is							
		DCK 1					BLOCK	(2							
		NO. OF		D.175				NO. OF							
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT						
	• Service to first set		35	50.95	Tier 1			82	###						
	Service to additional set(s)		33	50.95	Tier 2				### ###						
	• FM radio (if separate rate)							10	<del>mm</del>						
	Motel, hotel		318	22.00											
	Commercial		0.0	22.00											
	Converter														
	Residential														
	Non-residential														
	SERVICES OTHER THAN SEC														
F	In General: Space F calls for ra														
•	not covered in space E, that is, t service for a single fee. There a														
Services	furnished at cost or (2) services														
Other Than	amount of the charge and the ur		usually	y billed. If any r	ates are cl	narged on a vari	able per-p	rogram basis,							
Secondary	enter only the letters "PP" in the Block 1: Give the standard ra		ho oob	lo system for o	ach of the	applicable convi	oog ligtad								
ransmissions: Rates	Block 2: List any services that			•		• •		were not							
	listed in block 1 and for which a	• •			-	-									
	brief (two- or three-word) descrip	otion and inclue	de the r	ate for each.											
		BLO	CK 1					BLOCK 2							
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT						
	Continuing Services:		Install	ation: Non-res	idential										
	<ul> <li>Pay cable</li> </ul>		• Mo	otel, hotel				onal Outlet	5.0						
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Co	mmercial				outlet - DVR	9.0						
	<ul> <li>Fire protection</li> </ul>			y cable			DVR Se	ervice	7.0						
	•Burglar protection			y cable-add'l cł	nannel		HBO		22.9						
	Installation: Residential			e protection			Cinema		10.9						
	• First set	55.00		rglar protection			SHO/T		17.9						
	• Additional set(s)	30.00		services:			Encore	starz	9.0						
	• FM radio (if separate rate)			connect											
	Converter			sconnect											
			• ( )++	mot releastion											
				itlet relocation ove to new addr											

unting Period:				FORM SA1-2E. PAGE 3					
Name	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM ID					
Name	Lincolnville Commu	nications, Inc.		35347					
	PRIMARY TRANSMITTERS:	TELEVISION							
G Primary ansmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a <b>Substitute Basis Station</b> basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1</b> : List each statio multicast stream associate "WETA-2" as the same on <b>Column 2</b> : Give the chann of license. For example, W <b>Column 3</b> : Indicate in eac educational station, by ent (for independent multicast For the meaning of these t <b>Column 4</b> : Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	(1) stations carried only on a part-t ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub ne Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep- pr "E-M" (for noncommercial educati- tictions in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a ostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
		NI							
	WI B7								
	WLBZ			Bangor, ME					
louis as Nocossani	WABI	5	N	Bangor, ME					
ows as Necessary	WABI WMTW	5 6	N N	Bangor, ME Portland, ME					
/s as Necessary	WABI WMTW WVII	5 6 7	N N N	Bangor, ME Portland, ME Bangor, ME					
ws as Necessary	WABI WMTW WVII WHEB	5 6 7 12	N N N E	Bangor, ME Portland, ME Bangor, ME Orono, ME					
vs as Necessary	WABI WMTW WVII WHEB WCSH	5 6 7 12 12	N N N E N	Bangor, ME Portland, ME Bangor, ME Orono, ME Portland, ME					
ws as Necessary	WABI WMTW WVII WHEB WCSH WGME	5 6 7 12 12 12 13	N N N E N N	Bangor, ME Portland, ME Bangor, ME Orono, ME Portland, ME Portland, ME					
ws as Necessary	WABI WMTW WVII WHEB WCSH WGME WFVX	5 6 7 12 12 13 22	N N N E N N N N	Bangor, ME Portland, ME Bangor, ME Orono, ME Portland, ME Portland, ME Bangor, ME					
s as Necessary	WABI WMTW WVII WHEB WCSH WGME WFVX WPME	5 6 7 12 12 13 22 35	N N N E N N N N N	Bangor, ME Portland, ME Bangor, ME Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME					
ws as Necessary	WABI WMTW WVII WHEB WCSH WGME WFVX	5 6 7 12 12 13 22	N N N E N N N N	Bangor, ME Portland, ME Bangor, ME Orono, ME Portland, ME Portland, ME Bangor, ME					
ows as Necessary	WABI WMTW WVII WHEB WCSH WGME WFVX WPME	5 6 7 12 12 13 22 35	N N N E N N N N N	Bangor, ME Portland, ME Bangor, ME Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME					
ows as Necessary	WABI WMTW WVII WHEB WCSH WGME WFVX WPME	5 6 7 12 12 13 22 35	N N N E N N N N N	Bangor, ME Portland, ME Bangor, ME Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME					
ows as Necessary	WABI WMTW WVII WHEB WCSH WGME WFVX WPME	5 6 7 12 12 13 22 35	N N N E N N N N N	Bangor, ME Portland, ME Bangor, ME Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME					
Rows as Necessary	WABI WMTW WVII WHEB WCSH WGME WFVX WPME	5 6 7 12 12 13 22 35	N N N E N N N N N	Bangor, ME Portland, ME Bangor, ME Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME					
Rows as Necessary	WABI WMTW WVII WHEB WCSH WGME WFVX WPME	5 6 7 12 12 13 22 35	N N N E N N N N N	Bangor, ME Portland, ME Bangor, ME Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME					
Rows as Necessary	WABI WMTW WVII WHEB WCSH WGME WFVX WPME	5 6 7 12 12 13 22 35	N N N E N N N N N	Bangor, ME Portland, ME Bangor, ME Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME					
Rows as Necessary	WABI WMTW WVII WHEB WCSH WGME WFVX WPME	5 6 7 12 12 13 22 35	N N N E N N N N N	Bangor, ME Portland, ME Bangor, ME Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME					
Rows as Necessary	WABI WMTW WVII WHEB WCSH WGME WFVX WPME	5 6 7 12 12 13 22 35	N N N E N N N N N	Bangor, ME Portland, ME Bangor, ME Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME					
Rows as Necessary	WABI WMTW WVII WHEB WCSH WGME WFVX WPME	5 6 7 12 12 13 22 35	N N N E N N N N N	Bangor, ME Portland, ME Bangor, ME Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME					
Rows as Necessary	WABI WMTW WVII WHEB WCSH WGME WFVX WPME	5 6 7 12 12 13 22 35	N N N E N N N N N	Bangor, ME Portland, ME Bangor, ME Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME					
Rows as Necessary	WABI WMTW WVII WHEB WCSH WGME WFVX WPME	5 6 7 12 12 13 22 35	N N N E N N N N N	Bangor, ME Portland, ME Bangor, ME Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME					
Rows as Necessary	WABI WMTW WVII WHEB WCSH WGME WFVX WPME	5 6 7 12 12 13 22 35	N N N E N N N N N	Bangor, ME Portland, ME Bangor, ME Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME					

LEGAL NAME OF L <b>incolnville</b>								SYSTEM I
Lincomvine	Communic	auons	, mc.					353
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for	it is carried by monitoring, to prmation abou m.	y the sys be receint the Co	II-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the opyright Office regulations on t	t the system's he system's FM ante	adend, and (2 enna, during c	2) it can certain s	be expected, tated intervals.	Primary Transmitters Radio
Column 2: S Column 3: If signal, indicate Column 4: G	tate whether t the radio stat this by placing ive the station	he static ion's sig g a chec n's locati	each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th the community with which the	ne station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
							·	

	od: 2023/1						FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Lincolnville Communi	cations, I	nc.					35347
	SUBSTITUTE CARRIAGI	-	-			tion that w		votom corried on a
∎ Substitute	substitute basis during the a explanation of the programm	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, o	r authorizati	ons. For a further
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did yoι	ur cable systen	n carry, on a substitute ba	sis, any nonr	network te	levision pro	gr <u>am</u>
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	ge blank. If your answer is		nust comr		
	-	, leave the	rescortins pa	ge blank. If your answer is	s res, your	nusi comp	hete the pro	gram
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible, if	their meani	ng is
	clear. If you need more spa	ice, please	add additional	rows to the tables.				
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
		n was broa		er "Yes." Otherwise enter "				
				asting the substitute progr			4h a EQQ a	
	the case of Mexican or Car			he community to which the community with which the			the FCC of	r, in
				stem carried the substitute			lls, with the	month
	first. Example: for May 7 giv							
	to the nearest five minutes.			ogram was carried by you				
	stated as "6:00–6:30 p.m."		a program can	ica by a system nom 0.01	. 10 p.m. to 0	.20.00 p.n	n. Should be	-
	Column 7: Enter the lett			n was substituted for prog				
	to delete under FCC rules a							orogram
	was substituted for program effect on October 19, 1976.	• •	your system w	as permitted to delete und		and regu	auons in	
	S		E PROGRAM		CARRI	N SUBST	CURRED	7. REASON FOR
	SI 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCO		7. REASON FOR DELETION
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		

Accounting Period:	<b>2023/1</b> FORM SA1-2E. PAGE
News	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM IC
Name	Lincolnville Communications, Inc. 3534
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80( • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula \$ 263,800.00
	2. Enter amount of gross receipts from space K
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K \$ 230,326.00
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here)
	8. Interest charge. Enter the amount from line 4, space Q, page 8
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K
	2. Base amount under statutory formula <b>\$ 263,800.00</b> 3. Subtract line 2 from line 1
	4. Multiply line 3 by .01
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)
	6. Interest charge. Enter the amount from line 4, space Q, page 8
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 984.26
Duc	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 1,004.26
	EFT Trace # or TRANSACTION ID # 10876457
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2023/1																							FOR	M SA1	-2E.	PAG	ε7.
Name		WNER OF CABLE SYSTEM: mmunications, Inc.																							S	YST	EM 353	
M Channels	to its subscribers, 1. Enter the total	u must give (1) the number of , and (2) the cable system's number of channels on whic television broadcast stations	total numl	mber able	ber le	of a	activa	ate	ed ch	hanne	els d	urinę	g the	acco	ounti	ing p	period.		itions				2	26				]
	on which the ca	number of activated channe able system carried television ast services	n broadcas																				2	31				
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accou		FORM	DRM	ИАТ	ION	I IS	NE	EDE	D (Id	lentii	fy an	indiv	vidua	al to	whom	ı										
for Further Information	Name	Shirley Manning																Telep	hone	207	563	3-99	11					
	Address	Lincolnville Commu (Number, street, rural route, apart Nobleboro, ME 0455 (City, town, state, zip)	rtment, or su	suite n	ns, ite nu	<b>, In</b> numb	er)	PO	B	ox '	179			F	Fax	(opti	ional)											
										<u> </u>																		
O Certification	I, the undersigne     (Owner     (Agent	(This statement of account m ed, hereby certify that (Check r other than corporation or p of owner other than corpor ine 1 of space B and that the er or partner) I am an officer ine 1 of space B. I the statement of account and e, and correct to the best of m on 1001(1986)]	one, <i>but or</i> partnersh ration or p owner is n (if a corpo d hereby d	f only ship) r part s not a porati / decl:	nly c ip) I oartr ot a ratic	one, I am tners a cor ion) ( are t	, of t n the ship pora or a	the e ow )) I a par par	box vner am t n or rtner	the du r of th r partu r (if a alty of	ie cal uly au nersh parti	ble s uthor hip; c nersi	rized or hip) c all sta	m as i agen of the ateme	iden nt of e lega	the the sof fa	d in lin owner ntity ide act cor	e 1 of of the	space cable	B; or syste	em as							
		Typed or printer Title: (Title of c	Enter an Enter sig ed name: Vice F	an ele signati e: C	elec natu C	ctror ure u Cath	nic si using hy I	igna g an <b>Pe</b>	ature n "/s/	/ sign <b>tier</b>	he lir ature	ne ab e" (e.				nith)		ent.										

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

counting Period: 2023/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ncolnville Communications, Inc.	3534
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	
First community served         Accounting period	

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